

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | SAC      |        | 8/26/00  |
| O.I.P.E. CLASSIFIER       |          | 5      | 8-31-00  |
| FORMALITY REVIEW          | RT       | 515    | 10-02-00 |
| RESPONSE FORMALITY REVIEW | A M      | 5C 580 | 04-10-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 8/11/02 |
| 2     | ✓     | ✓        |         |
| 3     | ✓     | ✓        |         |
| 4     | ✓     | ✓        |         |
| 5     | ✓     | ✓        |         |
| 6     | ✓     | ✓        |         |
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| Claim | Final | Original | Date |
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